

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3463NSP</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/19/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>STAFFING SPECIALISTS INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1050 E FLAMINGO RD SUITE 106 LAS VEGAS, NV 89119</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Relicensure focused survey conducted in your facility on 4/19/11, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Thirteen employee records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000			
P 046	<p>449.7474 DUTIES OF LICENSEE OR APPLICANT</p> <p>Section 11</p> <p>1. A licensee or applicant for a license shall:</p> <p>(a) Designate a person who is responsible for the conduct of the nursing pool.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence of meeting the NAC 449.7474 duties of licensee.</p> <p>1. A designated person who was responsible for the conduct of the nursing pool.</p> <p>2. Compliance by the nursing pool with all applicable local, state and federal laws,</p>	P 046			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 046	Continued From page 1  regulations and similar requirements  3. Periodic administrative and professional evaluations of the nursing pool, review and action taken on the evaluations and maintain a record of that action.  4. Who the qualified administrator was and what were the responsibilities and authority. That the administrator had sufficient freedom from other responsibilities to permit adequate attention to the overall direction and management of the nursing pool  On 4/19/11, in the morning, the acting administrator confirmed there was no current DOPS or administrator for the nursing pool. The acting administrator acknowledged there was no written documentation of any periodic and professional evaluations of the nursing pool.  Severity: 2          Scope: 3	P 046			
P 054	449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES  Section 12 1. The administrator of a nursing pool must be a physician or professional registered nurse, licensed to practice in this state, or a person having at least 1 year of supervisory or administrative experience in a field related to the provision of health care. This Regulation is not met as evidenced by: Based on interview, employee personnel file review and document review the facility failed to have a qualified administrator with supervisory or administrative experience.	P 054			

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P 054	Continued From page 2  On 04/19/11 at 10:00 AM an interview was conducted with the Acting Administrator. The Acting Administrator reported the Administrator of the facility resigned in January of 2011 and there had not been a replacement hired. The Acting administrator reported she had taken over the duties of the Administrator since January of 2011. The Acting Administrator acknowledged she was not licensed to practice nursing in the State of Nevada and had no personnel file that contained documentation of supervisory or administrative experience in a field related to healthcare. The acting Administrator acknowledged the Bureau of Health Care Quality and Compliance had not been notified of a change in the Administrators name on the facility's license.  A review of the facility's state license revealed the Acting Administrator was not listed as the Administrator of the facility.  The facility had no personnel record for the Acting Administrator and could not produce documentation that the Acting Administrator had a Nevada registered nursing license or documentation of supervisory or administrative experience.  Severity: 2                      Scope: 3	P 054			
P 061	449.7476 DIRECTOR OF PROFESSIONAL SERVICES  Section 13 1. The director of professional services must be a physician, or a professional registered nurse, who is licensed to practice in this state. The director must be readily available	P 061			

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P 061	<p>Continued From page 3</p> <p>through the office of the nursing pool to advise members of the the staff of the nursing pool.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure there was a director of professional services (DOPS) working for the agency.</p> <p>1. On 4/19/11, in the morning, the Human Resources Staffing Manager explained there was no DOPS currently working at the agency. The employee explained the DOPS listed for the agency worked in California and had not been to the agency for at least three years. The employee stated the DOPS RN license had expired.</p> <p>2. There was no employee file to review for the DOPS. The license/certificate verification from the Nevada State Board of Nursing, documented the DOPS nursing license had expired on 3/31/11.</p> <p>3. On 4/19/11, at 11:15 AM, the owner confirmed the DOPS nursing license had expired and the agency was currently searching for another DOPS.</p> <p>Severity: 2                      Scope: 3</p>	P 061			
P 072	<p>449.7477 PERSONNEL POLICIES:MANITENANCE</p> <p>A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The</p>	P 072			

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P 072	<p>Continued From page 4</p> <p>written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for:</p> <p>3. Maintenance of a current record of the health of each member of the staff.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review the facility failed to comply with the provisions of NAC 441A.375 and failed to maintain a current record of health for 2 of 5 employees. (Employees # 3, #11)</p> <p>NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees.</p> <p>3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has no documented history of a 2-Step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-Step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms</p>	P 072			

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P 072	<p>Continued From page 5</p> <p>suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medial facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>1. Employee #3 had a hire date of 2001. There was no documented evidence of a 2-step Mantoux tuberculin skin test upon hire or annual tuberculin skin tests since 2001. There was no documented evidence of a pre-employment physical examination or certification from a licensed physician that the employee was in a state of good health and free from active tuberculosis and any other communicable disease in a contagious stage.</p> <p>2. Employee #11 had a hire date of 05/13/10. There was no documented evidence of a 2-step Mantoux tuberculin skin test upon hire.</p>	P 072			

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P 072	Continued From page 6 Scope: 2 Severity: 2	P 072			

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